Contemporary determinants of outcome after colorectal surgery

Valorisation

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In this thesis we contributed evidence for the importance of adherence after implementation of an ERAS program. In short, the ERAS program is a multidisciplinary approach to reduce surgical stress leading to early recovery and shorten postoperative length of stay (LOS) in patients undergoing major surgery.[1] The ERAS program consists of evidence-based changes in preoperative, intra-operative and postoperative treatments.[1] Nowadays, the ERAS program is the standard care after colorectal surgery. Higher adherence to the ERAS program led to a reduced LOS and better outcome in elective colonic cancer surgery.[2-4] Therefore, compliance with the ERAS elements is crucial for a shorter LOS and fewer complications in patients undergoing elective colon resections for malignancy.[5] Despite the obvious benefits of the ERAS program, its implementation and adherence to the protocol remain a challenge. Adherence to an ERAS program is complex because of its multidisciplinary character; it is sensitive to change, and continuous monitoring and feedback are required to ensure ongoing success.[5] In this era of increasing numbers of protocols and regulations, hospital administrations should take responsibility to ensure these multidisciplinary protocols are continuously implemented in an organization, because without adherence the care and cost benefits are easily lost.[5] Key factors include repeated training sessions and the presence of trained nurse–practitioners at all stages in perioperative care.[5] It is useful to continuously monitor barriers and facilitators for implementation and adherence.[5] In addition, the nationwide introduction of the ERAS protocol has resulted in an unprecedented equalization of perioperative care for the colorectal cancer patient increasing the quality of multicenter scientific programs on surgical outcome

Another item affecting the outcome of colorectal surgery was visceral obesity. In short, obesity is an increasing health problem in the Western world. Visceral obesity has been associated with worse outcome in colorectal surgery and other forms of surgery.[6-13] The measurement of visceral fat contributes to the risk assessment of postoperative problems in patients undergoing colonic surgery[14,15] and should be investigated in a larger context where it is conceivable that the measurement becomes a standard part of the preoperative work-up for patients with a colonic malignancy. In the preoperative work-up of the colorectal cancer patient, the assessment of visceral fat could be performed easily with CT imaging of the abdomen.[16] This information is also important in metabolic risk profiling the elective colorectal surgery patients and offers the opportunity to develop tailor-made intervention programs.[16] In this thesis, the worse outcome seems even more present in patients with a BMI <25 kg/m^2 in combination

with visceral obesity undergoing colon cancer surgery and this group may deserve more preoperative attention.[16]

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